



## Missouri Department of Agriculture Organic Program Organic Handling System Plan Update

This form should be completed yearly by MDA certified handling producers when updating their organic handling system plans. Use additional sheets if necessary. Attach a field history sheet for current year, updated farm maps (if any changes), and any other records required to verify NOP compliance.

SECTION 1: General Information				NOP Rule 205.406(a)(2) and 205.401(b)	
Certification Number	County	Year First Certified	For Office Use Only		
			Date Received	Date Reviewed	
Contact Name					
Business Name			Reviewed by	Certification Status	
Mailing Address			Phone		
City	State	Zip Code	Secondary Phone		
Type of Handling Operation			FAX		
			E-mail		
Preferred Season, Dates and Time for Inspection Visit:					
What year did you last submit a complete Organic Handling System Plan Questionnaire? _____					
Date that you received certification: _____					
List Your Current Organic Certification Agent			List Previous Year's Organic Certification Agent		
Have You Ever Been Denied Certification? <input type="checkbox"/> yes <input type="checkbox"/> no			If yes, List year and describe the reasons for denial. Attach documentation of corrective actions.		
SECTION 2: Minor Non-Compliances			NOP Rule 205.406(a)(3)		
Did you have any minor non-compliance(s) issued on last year's certification? <input type="checkbox"/> yes <input type="checkbox"/> no					
If yes, complete the following table. List each minor non-compliance(s) and action(s) taken to correct the non-compliance(s). Use additional sheets if necessary.					
Minor Non-Compliance(s)			Describe steps taken to correct the minor non-compliance(s).		

SECTION 3: Organic Plan Update		NOP Rule 205.406(a)(1)
Do you Custom-Process Organic Products for Other Business(es) <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, List all Business Names (Attach separate sheets, if necessary.)		List Business Addresses.
Have you revised your Standard Operating Procedures or Q.A. Monitoring Programs? <input type="checkbox"/> yes <input type="checkbox"/> no		If Yes, list any revisions.
Other Monitoring Programs Have you completed monitoring logs for the following?		Complete Table indicating which logs that you maintain.
<b>Recordkeeping Logs</b>	<b>Other Form of Monitoring</b>	<b>Name of Record-Keeping Form</b>
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean Transport Affidavits
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Equipment Clean-Out Records
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Pest Control Management Logs
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Receiving Records
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Production Records
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Incoming Ingredient Records
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Ingredient Inventory Records
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Finished Products Inventory Records
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Bills Of Lading
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Sales Invoices
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Purchase Orders
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Shipping Records
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Storage Records
Do you maintain a complaint log? <input type="checkbox"/> yes <input type="checkbox"/> no Do you have any complaints logged? <input type="checkbox"/> yes <input type="checkbox"/> no		If “yes,” what actions were taken to address the complaints?

### A. Current Product Plans

**Name of Product:** \_\_\_\_\_

Please complete the following table for each organic product requested for certification. Make copies of this form as needed. **Attach formulations for each product.**

**Formulas are kept confidential and exempt from public inspection and copying, pursuant to NOP, Part 205.501 (a); and MO Sunshine Law, Chapter 610.021 RSMo. Closed Records Authorized.**

INGREDIENT NAME	Supplier Name and Address	Ingredient Weight	% of Finished Product
<b>Total weight of Organic Ingredients</b>			
<b>Total weight of Formula (Excluding water and salt)</b>			
<b>Percent of Organic Ingredients</b>			
Do you have organic certificates on file for each purchased ingredient, processing aid and input materials? <input type="checkbox"/> yes <input type="checkbox"/> no			
Are organic products labeled correctly for formulation? <input type="checkbox"/> yes <input type="checkbox"/> no			

**B. Organic Handling Plan Changes**

Check the following categories where changes have or have not been made in your previous year's Organic Handling Plan and summarize all changes made or planned to be made. (Attach additional sheets if necessary.)

Current Organic Handling Plan Update			
No Change	Changes	Handling Plan Topic	Summary Statement of Changes
<input type="checkbox"/>	<input type="checkbox"/>	Split Operation- Organic and Non-Organic	
<input type="checkbox"/>	<input type="checkbox"/>	Plant Personnel / Management Changes	
<input type="checkbox"/>	<input type="checkbox"/>	Processing Plant Physical/ Environmental Properties	
<input type="checkbox"/>	<input type="checkbox"/>	Product Integrity- Chain of Custody	
<input type="checkbox"/>	<input type="checkbox"/>	Produce Own Ingredients	
<input type="checkbox"/>	<input type="checkbox"/>	Harvest Own Ingredients	
<input type="checkbox"/>	<input type="checkbox"/>	Ingredients Purchased	
<input type="checkbox"/>	<input type="checkbox"/>	Processing Aids/Materials Inputs	
<input type="checkbox"/>	<input type="checkbox"/>	Plant/Equipment Sanitation	
<input type="checkbox"/>	<input type="checkbox"/>	Plant/Equipment Pest and Rodent Management	
<input type="checkbox"/>	<input type="checkbox"/>	Water Quality/Usage Issues	
<input type="checkbox"/>	<input type="checkbox"/>	Storage of Finished Product On-site	
<input type="checkbox"/>	<input type="checkbox"/>	Storage of Finished Product Off-site	
<input type="checkbox"/>	<input type="checkbox"/>	Responsible for Transport of Final Product	
<input type="checkbox"/>	<input type="checkbox"/>	Recordkeeping System	
<input type="checkbox"/>	<input type="checkbox"/>	Product Labeling	
Additional Comments:			

### Section 5: Agreement

I (We) Business Name(s) \_\_\_\_\_ state that everything submitted in this application is complete and true to the best of my (our) abilities; and that I (We) will fully comply with the NOP standards and with MO Rules for producing and handling organic foods and food products. (Reference: NOP:7 CFR Part 205-209; MO: 2CSR 70-16.)

Print Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have attached the following documents:**

- ☐ Processing Flow Chart
- ☐ Ingredients Labels
- ☐ Non-GMO statements for Ingredients/Processing Aids, if applicable
- ☐ Processing Aids Labels
- ☐ Final Organic Product Labels, if applicable

☐ **I have made copies of this questionnaire and other supporting documents for my own records.**